

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/295,302	04/21/99	424	1615	000007.00148

APPLICANT

KARLHEINZ SCHMIDT, GOMARINGEN, FED REP GERMANY.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 08/899,270 07/23/97 PAT 5,928,635  
AND A CIP OF 08/313,113 12/07/94 ABN  
AND A CIP OF 08/350,666 12/07/94 PAT 5,932,207

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED FED REP GERMANY WO.91/07324 09/17/92

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials _____ Initials _____	DEX	0	7	1

ADDRESS

SEE CUSTOMER NUMBER: 002779

TITLE

AGENT FOR THE MANUFACTURE OF BIOLOGICAL PARTS INCLUDING AN ACTIVE  
INGREDIENT COMPLEX AND CARRYING MATERIALS SUITABLE FOR THE ACTIVE  
INGREDIENT COMPLEX

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$825		